

ASHA Healthcare Limited

Ashlee Residential Care Home

Inspection report

89, Nottingham Road
Long Eaton
Nottingham
Nottinghamshire
NG10 2BU

Tel: 01159729465

Date of inspection visit:
15 December 2015

Date of publication:
18 January 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 15 December 2015. This was an unannounced inspection. Ashlee residential care home provides care for up to 21 older people, some of whom were living with dementia. When we visited, 21 people were living at the service.

The home had a manager in place who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last inspection took place in August 2014 and at that time we found that there were three breaches to the regulations.

The provider sent us an action plan in April 2015 stating what actions they were putting in place to ensure these standards would be met in the future. We were told how they would make improvements in how people's medicines were managed; how they would ensure sufficient staff were in place to meet needs and keep people safe; and how they would plan care to meet individual's needs. During this inspection, we found that the provider had made improvements in all these areas.

We found that people were supported in a way that protected their welfare and they told us they felt safe. People's medicines were kept and administered in a safe manner and staff showed they had a good understanding about medicines. There was sufficient staff available to meet people's needs. Staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. The staff knew how to report or respond if they had any concerns.

People were supported in the way that they chose and staff knew each person well and understood their support needs. They were supported to make choices and decisions. When they were not able to, decisions were made in their best interests involving people who were important to them. Where restrictions had been placed upon people these had been assessed, and applications made to ensure any restrictions were lawful.

We found that people were supported to eat and drink to maintain a balanced diet. Specialist diets were catered for and people were given choices and encouraged to be independent. People received support from health care professionals when needed and staff enabled people to attend appointments.

People were treated with kindness and compassion. Their dignity and privacy was respected and they were supported to express views about their care. They received care that was individual to them and responsive to their needs. Staff were aware of people's changing needs and individual's preferences. People were given choices about the activities they wanted to participate in. People and their relatives knew how to raise any concerns or complaints. Issues were dealt with in a timely manner.

Staff felt supported by the manager and provider. They told us they were approachable and responsive. Staff received a range of training to develop their skills and they showed how they put this knowledge into practice. Systems were in place to assess and monitor the quality of the service and they were keen to continue to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to work safely. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Medicines were managed safely to enable people to take the correct medicine at the right time. Staff were recruited in a safe manner and there were appropriate checks in place.

Is the service effective?

Good ●

The service was effective.

People were supported in the way they wanted by staff who knew them well. Staff were given training to develop their skills. People were supported to make decisions. When people were not able to make decisions, care and support was provided in their best interests. When people were restricted this was legally authorised. People were supported to eat and drink enough and maintain a balanced diet. People were supported to maintain their health and have access to health care when needed.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind and understood their individual needs. People were treated with dignity and respect and were supported to express their views about their care. People were encouraged to be as independent as possible and were involved in decisions that were made.

Is the service responsive?

Good ●

The service was responsive.

Staff knew the people well and the care that people received was tailored to the individual. People were able to choose how to spend their time and what activities to be involved with. People

were able to say how they wanted to be supported and were involved with their care plans. People knew how to raise concerns and complaints and the provider responded to any issues raised.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the home and staff felt well supported by the manager and the provider. There were systems in place to assess and monitor the quality of the service and to encourage improvements.

Ashlee Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2015 and was unannounced. Our inspection team consisted of two inspectors, a specialist advisor and one expert by experience. A specialist advisor is a person who has professional experience in a particular area of work. This specialist advisor was a registered mental health nurse who had experience of working with older adults and people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with people who lived in residential care.

We looked at the information we held about the service, including notifications the provider had sent us about significant events at the home. We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well, and any improvements they are planning to make. We also received feedback from the local commissioners.

We spoke with twelve people who used the service, and two relatives. We also spoke with a visiting health care professional, four members of the care staff, the cook, and the manager. We did this to gain their views about the care and support people received and to check that the standards were being met. We also observed the care people received in the communal areas of the home so we could understand people's experience of living there.

We looked at six care records to see if they were accurate and up to date. We also looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

At our previous inspection in August 2014 we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed in accordance with legal requirements. At this inspection we saw that improvements had been made to the way medicines were administered and managed. Some of these changes has been reported to us on the PIR submitted.

The people we spoke with did not voice any concerns about their medicines and people told us they would get them in a timely manner. One person said, "I'm offered paracetamol if I have any pain." We observed people being given their medicines at lunchtime. We saw the staff member tell people about their tablets and what they were for. When the person had taken their medicine, the staff completed the medication administration record for each person.

Staff told us that some people who did not understand about their medicines were reluctant to take them as prescribed. Staff said, "We'll always offer them as usual, but if they refuse, the doctor has said we can put it in some food." We saw that the doctor had agreed that this would be in their best interests. These decisions were recorded for the people this applied to. We also found that when people who understood about their medicines refused them, systems were in place to record and report this.

Staff showed a good understanding about people's medicines. One member of staff told us, "We've had to check [Person who used the service] blood sugar levels more as they are on other medicines which could have had an effect on them." We saw that an appointment had been made with the GP and specialist nurse to follow this up.

We found that people's medicines were stored safely in a locked cabinet so that only authorised people had access to them. We saw the records kept were accurate and up to date.

At our previous inspection, we had also found the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing levels were insufficient to keep people safe. At this inspection we found that improvements had been made to ensure that there were enough staff available to meet people's needs and keep them safe.

People told us and we saw there were sufficient staff available. One person said, "I think it's staffed okay." Another person said, "There seems to be someone when I want something." We were told by people using the service that call bells were responded to in a timely manner. One person said, "They're ever so quick coming." A member of staff told us, "There are enough staff. Whoever you're working with we all get the jobs done." The manager and provider told us had introduced extra staff at specific times in the day and we found this to be in place. Staff told us that this had helped them at busy times of the day.

We saw that suitable references had been received and identities had been confirmed for the staff. Checks had been carried out with the disclosure and barring service (DBS) to ensure that the staff who worked at the home were suitable to work with people. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People told us they felt safe living in the home. We were told by one person, "I don't feel unsafe here." Another person said, "No worries at all. I feel really safe. The people running it make you feel safe." Staff we spoke with had a good understanding and knowledge of how to safeguard people. One member of staff said, "If I saw someone with a bruise, I'd report it to the senior. There is also a number to ring for the safeguarding team. They would then investigate." Another staff member told us, "We have to protect vulnerable people, keep them safe from any kind of abuse, as well as neglect." Staff were aware of the whistle blowing policy and said they would be confident to raise any concerns. One member of staff said, "I know that if I raised anything, it would be dealt with by the provider."

We saw that some of the people who used the service could become anxious and agitated. Staff told us, "If someone is upset and shouting, you need to help them to become calm. I may support them to another room where it is quieter. Sometimes a different environment can help." We observed the staff supporting people in ways that helped them become less anxious. This was done in a respectful, dignified way and dealt with appropriately. On occasions where another person using the service had been hurt, action plans had been put in place to minimise the risks. We saw that referrals had also been made to other professionals who could suggest ways to reduce the person's anxieties. The manager had also referred this to the local safeguarding authority and notified us as required.

Some of the people who used the service were at risk of falls. One relative told us, "[Person who used the service] had a fall from their bed, but now they have a new, lower bed and sensor mats in place." We saw that referrals had been made to the falls team and physiotherapist and we observed staff following the recommendations that had been made. Some people needed equipment to help them transfer safely or move around the home. We observed staff follow safe working practices. For example, they ensured that people's feet were on the foot plates of the wheelchair before moving. Some people were at risk of skin damage. We found that they had special cushions and mattresses in place to minimise the risks. The staff we spoke with were aware of how to keep people safe, and this was reflected in the care records we looked at.

Is the service effective?

Our findings

People told us that the staff supported them in the way they wanted to be helped. One person said, "They let me be free." Another person told us that they could do what they wanted. We saw that the staff had a good rapport with the people who used the service. They knew each person well and understood their support needs. For example, we heard staff talking with people about their life and things that interested them. We observed that people were given choices, for example, where to sit or what they would like to drink. Some people preferred to spend time in their rooms, and we saw staff call in on them during the day to ensure that they were not isolated.

Staff told us they received a range of training which developed their skills. We were told about additional training that had been requested and then arranged to enhance the staff's understanding when supporting people living with dementia. We were told how they were able to put the learning into practice. One member of staff said, "I know not to approach people from behind as it could frighten them. And if they get agitated how to distract them." Another member of staff told us, "Every day I learn something new." Another said, "The induction is hands on, and supportive. It gave me the encouragement and confidence to do my job." A new member of staff told us how they spent time with a more experienced person to get to know the people living there, and the equipment to use. We observed staff supported people when they became anxious, and saw how they gave reassurance to them in a positive way.

We looked at how the requirements of the Mental Capacity Act 2005 (MCA) were being implemented. This Act provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the provider was working within the principles of the MCA, and that authorisations to deprive a person of their liberty were being requested. We found that staff had a good awareness about the Act. One member of staff said, "We give people choices. We ask them first; maybe show them the items to help them choose what they want to wear." The provider had completed assessments when people lacked capacity to make particular decisions. They had then made decisions that were in their best interests and as least restrictive as possible. The records we looked at showed that consideration of the MCA was part of the care planning process.

Some people who had been assessed as lacking capacity were restricted and could not leave without support. We found that applications had been made, and authorisations given to lawfully restrict their movements. One member of staff told us, "You've got to find out if the person can understand first. If not, then we have to keep them safe." Another said, "The decision has got to be in their best interests, and for their safety."

People told us they were supported to eat and drink and maintain a balanced diet. One person said, "I was asked what I liked to eat and drink before I came. It's a bit like a hotel, all the food is done for me. It's all good, I'm well looked after." Another person told us, "It's lovely, I like to eat in my room and they bring it to me." We observed a meal time, and saw that a choice was offered. A sample plate was shown to people sitting at the tables to help them decide what to have. People were asked if they wanted to wear an apron to protect their clothes. During the day we saw that people were offered drinks and snacks between meal times and we saw there was juice available during lunchtime. We spoke with the cook who knew about people who required specialist diets, for example those with diabetes. We saw that they were given a choice of suitable pudding and their specific requirements were noted in their records.

People were supported to maintain their health. One person who used the service said, "The optician came here and I've got new glasses." A relative we spoke with told us, "They arranged for the GP to visit last week, and the chiropodist comes as well." A health care professional visited each week to review some of the people living there. They told us, "They are good here, the staff are responsive." We saw that where necessary people were supported to attend a hospital appointment with a member of staff.

Is the service caring?

Our findings

People told us and we saw that positive caring relationships had been developed. One person told us, "The staff are lovely." Another said, "They do very well. I'm the sort that would say if they weren't good." A relative said, "They all seem kind." We observed staff reassuring people who were confused and anxious. They did this in a dignified and meaningful manner. One member of staff told us, "It's so rewarding working here, spending time with people and caring for them. No day is the same."

Staff demonstrated that they knew how to care for people who were not able to communicate verbally. We were told, "They all have their own little quirks; it may be a different head movement or hand gesture to communicate." The staff we spoke with knew the people and were able to talk about things that were important to them.

One person who used the service was being helped to regain their confidence to walk on their own. Some people were given special cups so they could have their drinks independently. We observed staff prompt people to eat their food on their own rather than have it given to them. This demonstrated how people were encouraged to maintain their independence.

We saw that people were involved in making decisions about their day to day lives. For example, what to have to eat or if they wanted a cardigan to keep them warm. The care records showed that some people had been involved with more complex decisions, such as what their last wishes were. When people did not have the capacity to make decisions about their care and support, this was clearly evidenced in the records and best interest decisions were made.

We found that people's privacy was respected. One person told us, "I often say not to worry with the curtains as no one can see in. But the staff joke about needing to do it as you never know if a helicopter will come over!" We observed staff knock on people's doors before entering their room. Some people chose to keep their doors open during the day, and we saw staff still asking for permission before entering. We saw staff closing people's doors before supporting them with their personal care. People were dressed in different styles, and we were told, "Everyone is different, but you get to know them. It's important to make sure that people's clothes are nice." We saw that when needed people were supported to have their clothes changed. This demonstrated that people's dignity was promoted.

Is the service responsive?

Our findings

At our previous inspection in August 2014 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Planning and delivery of care did not always meet individual needs. At this inspection we saw that improvements had been made.

We found that people received care that was individual to them and responsive to their needs. One person told us, "I prefer to be here in my own room, it's quieter." Another person said, "I do read, if someone brings me a book. Anything you want, the staff will get it." Staff we spoke with told us, "Every carer has to read people's care plans and know what their needs are." Staff told us that they understood individual needs, for example knowing people's preferences about washing and bathing.

Staff were aware of people's changing needs. For example, one person's needs had changed significantly over the past 12 months. Staff told us and we saw the person's needs had been reviewed and their care plan had been updated to reflect these changes. The staff also told us that one person would need more support on some days than others. They then adjusted the amount of support needed on a day to day basis. We found that the care records reflected individual's needs and preferences. Where people had the capacity to make decisions about their support, they had been involved with their care plans.

People we spoke with told us they were given the choice about activities they would like to take part in. One person said, "I like to knit and sew." Another told us, "I only like the bingo on a Wednesday." There was an activities co-ordinator employed and we observed them organise a quiz session. We also saw individual activities taking place. For example, one person had their nails painted, another was doing a puzzle. Some people chose to spend time in their rooms watching TV. We observed staff talking with people and interacting with them. One member of staff said, "When I've got time I will sit and talk with people. Some like us to read books to them."

We saw that people had decorated their rooms in an individual way. The communal areas had personal touches to them. For example, the lounges had different colour themes to help people who could be confused know where they were sitting.

People who used the service and their relatives told us they knew how to raise any concerns or complaints and who to speak with. One person said, "I'd complain instantly to the person in charge, but I'm happy at the moment." A relative told us, "I did mention my concerns to the manager and there was an improvement." We saw that there was a complaints process in place and that the provider had responded to anything raised in a timely and appropriate manner. The provider told us in the PIR that a suggestions and comments box would be available for people to use anonymously. We saw that they had put this in place.

Is the service well-led?

Our findings

Since our last inspection a new manager had been recruited to fill that vacant post. They were in the process of registering with us. People we spoke with told us that they knew who the manager was. One person said, "Yes, we know the manager." Staff were positive about the leadership and management. One member of staff told us, "She is lovely. I trust her." Another said, "Fantastic. I couldn't ask for a better manager." Staff said that they found the manager approachable and fair.

People told us that the provider would call in most days to make sure everything was alright. One member of staff said, "If it's really busy the provider will pop in and help out." We were told that the provider would follow issues up and make sure they had been dealt with. For example, we saw maintenance work being carried out in one of the bathrooms and repairs being undertaken to a faulty thermostat that had been reported. We observed staff working well together as a team and staff we spoke with told us they enjoyed working at the service. One said, "There's a good atmosphere here. It's really supportive and feels like a big family."

The provider and manager completed quality audits. The manager checked the care plans and any changes needed were made. We found the records we looked at were up to date and informative. They also analysed information about the incidents and accidents that were reported to identify any patterns or trends. The PIR submitted identified improvements they planned, and we saw these had been carried out.

The staff told us they attended team meetings and that they were encouraged to share their views and have discussions about improving care and standards. They also said that there was clarity about the different roles and responsibilities they had and they were offered training to develop their knowledge and skills.

A survey had recently been sent out to the people who used the service and their relatives. We saw that this had resulted in changes. For example, one person had asked for a TV and aerial to be fitted in their room and staff told us this had happened.

The provider and manager demonstrated understanding about their responsibilities as a registered person. For example, they had informed us and the local authority of any notifiable incidents.